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PTO/SB/122 (01-06)

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**CHANGE OF  
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Application**

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P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10776,892
Filing Date	02/12/2004
First Named Inventor	JAO-CHING LIN
Art Unit	2629
Examiner Name	SHAPIRO, LEONID
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

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Firm or  
Individual Name: G. LINK CO., LTD.

Address: 3550 BELL ROAD

City: MINOOKA

State: IL

Zip: 60447

Country: USA

Telephone: 6306991417

Email: wenrong\_shew@yahoo.co.nz

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- Attorney or agent of record. Registration Number \_\_\_\_\_
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature

*Jao-Ching Lin*

Typed or Printed  
Name

JAO-CHING LIN

Date: 06/10/2007

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 4 forms are submitted.

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 P.O. Box 1450  
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Application Number	10/776,692
Filing Date	02/12/2004
First Named Inventor	JAO-CHING LIN
Art Unit	2629
Examiner Name	SHAPIRO, LEONID
Attorney Docket Number	

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Signature

shyh - In Huang

Typed or Printed  
Name

SHYH-IN HUANG

Date 06/10/2007

Telephone

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Filing Date	02/12/2004
First Named Inventor	JAO-CHING LIN
Art Unit	2629
Examiner Name	SHAPIRO, LEONID
Attorney Docket Number	

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OR

Firm or  
Individual Name **G. LINK CO., LTD.**

Address **3550 BELL ROAD**City **MINOOKA**State **IL**Zip **60447**Country **USA**Telephone **6306991417**Email **wenrong\_shew@yahoo.co.nz**

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Signature **Lin - Abe | C Chu**Typed or Printed Name **LIN-ABEL CHU**Date **06/10/2007**

Telephone

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Signature

chung-yi shen

Typed or Printed Name CHUNG-YI SHEN
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Date 06/10/2007	Telephone
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